

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000003047

FILED
Apr 05, 2006
Secretary of State

Entity Name: CLAYTON SERVICES GROUP, INC

Current Principal Place of Business:

2 CORPORATE DR.
SHELTON, CT 06484

New Principal Place of Business:

Current Mailing Address:

2 CORPORATE DR.
SHELTON, CT 06484

New Mailing Address:

FEI Number: 75-3161447

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK #4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE, FL 32301 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

04/05/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LAMAUDO, STEPHEN M
Address: 2 CORPORATE DR.
City-St-Zip: SHELTON, CT 06484

Title: S () Delete
Name: CLAIRE, JOHN L
Address: EXCHANGE PLACE
City-St-Zip: BOSTON, MT 02109

Title: TAS () Delete
Name: NEWMAN, BRIAN
Address: 2 CORPORATE DR.
City-St-Zip: SHELTON, CT 06484

Title: D (X) Delete
Name: CROCKET, TODD
Address: 70 WILLOW RD., STE. 100
City-St-Zip: MENLO PARK, CA 94025

Title: D (X) Delete
Name: KAFLAV, ROGER
Address: 125 HIGH ST., STE. 2500
City-St-Zip: BOSTON, MA 02110

Title: D (X) Delete
Name: LIBMAN, BRIAN
Address: METRO CENTER 4FL
City-St-Zip: STAMFORD, CT 06908

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FILIPPS, FRANK
Address: 2 CORPORATE DR.
City-St-Zip: SHELTON, CT 06484

Title: SD (X) Change () Addition
Name: COHEN, STEVEN
Address: 2 CORPORATE DRIVE
City-St-Zip: SHELTON, CT 06484

Title: TASD (X) Change () Addition
Name: HERBST, FREDERICK C
Address: 2 CORPORATE DR.
City-St-Zip: SHELTON, CT 06484

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN COHEN

SEC

04/05/2006

Electronic Signature of Signing Officer or Director

Date